

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 0 5

2. STATE:

Louisiana3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 1, 2000TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (347.12)b. FFY 2001 \$ (711.91)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 24a, p 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):**Same (TN 95-43)**10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the base rate for emergency
ambulance transportation by seven percent (7%). Implementation is necessary to avoid a
budget deficit in the state Medicaid Program.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: **The Governor does
not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John LaCom

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2000

16. RETURN TO:

**State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030**

17. DATE RECEIVED:

MARCH 31, 2000

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

APR 1, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEBRUARY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

John LaCom

21. TYPED NAME:

JOHN CALVIN G. CLINE22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR
DIV. OF MEDICAID & STATE OPERATIONS**

23. REMARKS:

STATE OF LOUISIANA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and</u>	<u>Any Other Medical Care and Any Other Type of Medical Care Recognized</u>
42 CFR	Remedial	<u>Under State Law Specified by the Secretary</u>
440.170	Care and Services	
	Item 24.a.	<u>Transportation Services</u> are reimbursed as follows:

I. Method of Payment

A. Emergency Medical Transportation

1. Land-Based Ambulances

Reimbursement for land based ambulances through Title XIX funds is made at ninety-three percent (93%) of the rate schedule (based on Medicare's established fees) in effect as of January 31, 2000 for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3/31/00</u>	
DATE APPV'D <u>5/17/01</u>	
DATE EFF. <u>2/1/00</u>	
HCFA 179 <u>LA - 00-05</u>	

TN# LA 00-05 Approval Date 5/17/01 Effective Date 2/1/00
Supersedes
TN# LA 95-43